

## Docket and File

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED

DOC #:

DATE FILED: 12/10/2014

DEC 16 2014

TYRONE PICKENS

(In the space above enter the full name(s) of the plaintiff(s).)

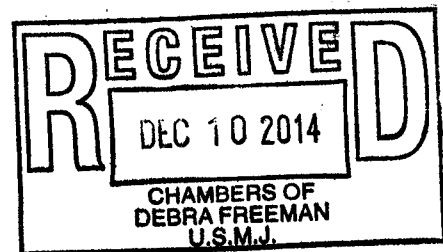
-against- CITY OF NEW YORK.

SHIELD # 12344  
C.O. A. YOUNG C.O. N. MORENO SHIELD # 17190  
C.O. JOHN DOE SHIELD # 18375 C.O. D. DOWNES  
SHIELD # 15444 C.O. L. WILSON SHIELD # 18753.  
et al in their OFFICIAL & personal capa-  
city

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

AMENDED  
COMPLAINTunder the Civil Rights Act,  
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No  
(check one)

14 Civ. 6563 (LTS)



## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name TYRONE PICKENS  
ID# 1411404645  
Current Institution ANNA M. CROSS CENTER  
Address 18-18 HAZEN St E. ELmhurst N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name CITY OF NEW YORK Shield # N/A  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Who did  
what?

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
ANNA M. KROSS CENTER 18-18 HAZEN ST E. ELMTONST N.Y.  
11370

B. Where in the institution did the events giving rise to your claim(s) occur?

HOUSING UNIT 4 TOP INMATES BATH ROOM.

C. What date and approximate time did the events giving rise to your claim(s) occur?

5/1/14 BETWEEN THE HOURS OF 4PM/5PM.

D. Facts: ON OR ABOUT 5/1/14 BETWEEN THE HOURS OF 4PM/5PM.  
THERE WAS A E.S.U. SPECIAL SEARCH IN HOUSING UNIT 4 TOP IN A.M.  
K.C-C-95 WE WERE INSTRUCTED TO SIT ON BUNKS FACING WINDOWS & THEN  
TOLD TO LINE UP IN GROUPS TO FACE FORWARD HANDS BEHIND OUR HEADS

What  
happened  
to you?

ELBOWS FACING FORWARD to LOOK FORWARD NOT AT THEM NOT ANYWHERE ELSE. THEN WE WERE INSTRUCTED TO GO INTO INMATES BATH ROOM. UPON ENTERING BATH ROOM THERE WAS C.O.'S LINEED UP & WE WERE INSTRUCTED TO LINE UP IN FRONT OF C.O.'S. THEN INSTRUCTED BY C.O.'S TO STRIP. UPON ME STRIPPING DOWN TO MY UNDERWEARE I EXPLAINED TO THE OFFICER THAT I WAS MUSLIM. I WILL NOT STRIP OUT IN OPEN WITH NO PARTITION. C.O. JOHN DOE THEN TOLD ME I WILL FOLLOW ORDERS & TO TAKE OFF MY UNDERWEARE AGAIN I REFUSED NEXT THING I WAS BEING TOLD I'M NO FUCKING MUSLIM I'M A CRACK HEAD THEN A COUPLE OF OTHER C.O.'S APPROACHED. I WAS THROWN TO THE GROUND AFTER MY REFUSING MY ARMS TWISTED BEHIND MY BACK, KNEED IN BACK & BEING CURSED AT. WHEN I MOVED TO TRY TO EXPLAIN I WAS FURTHER ASSAULTED PUNCHED/KICKED ABOUT THE BODY BY C.O.'S. THEN ON AS I WAS BEING ASSAULTED WAS TOLD I WILL FOLLOW DIRECTIONS. DO AS I'M TOLD TO DO SO I COMPLIED & WAS STRIPPED FRISKED OUT IN THE OPEN IN FRONT OF OTHERS URINALS IT WAS ABOUT 3 TO 4 C.O.'S INVOLVED IN ASSAULT. WAS STRIPPED IN FRONT OF OTHER C.O.'S (E.S.U.) & PRISONERS WHO WERE PRESENT/WITNESSED THIS I THEN FILED GRIEVANCE IS, WARDEN, COMMISSIONER & PRISONERS RIGHT WAS REFUSED MEDICAL ATTENTION.

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

VIOLATION OF MY CONSTITUTIONAL RIGHTS DELIBERATE INDIFFERENCE PAIN/SUFFERING, MENTAL ANGUISH, EMOTIONAL STRESS, HUMILIATION, PUNITIVE DAMAGES, VIOLATION OF CIVIL RIGHTS VIOLATION OF POLICY/PROCEDURE/STANDARD IS, DISCRIMINATION VIOLATION OF MY RELIGIOUS RIGHTS VIOLATED MY RIGHT TO PRIVACY VIOLATION OF STANDARD STRIP SEARCH PROCEDURES.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anna M. Cross Center - C-95 18-18-Hazen St E. Elmhurst N.Y.  
11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

FACILITIES GRIEVANCE BOX

1. Which claim(s) in this complaint did you grieve?

USE OF FORCE, STRIPPED WITH OUT PARTITIONES

2. What was the result, if any?

NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

AFTER FILING GRIEVANCE, THEN FILED  
FOR FORMAL HEARING, THEN WROTE GRIEVANCE ABOUT NO RESPONSE  
WRITE TO WARDEN, COMMISSIONER,

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

note Warden, Commissioner, Prisoners right protect.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). to stop the Dept of Corrections from abusing their authority using unnecessary force afford better strip search procedures, that L.O's be reprimanded & punished for violating their own rule's regulations that they be properly restrained in strip search procedures; minimum standards (injunctive) & I request \$20,000 in monetary compensation.

On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ✓

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes \_\_\_\_\_ No \_\_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of DECEMBER, 2014.

Signature of Plaintiff

Inmate Number

Institution Address

7. [Signature]  
0425016 (NYS) b/c #11404645  
COPEVINCENT CORR. FACILITY  
ROUTE 12 E P.O. BOX 739  
COPEVINCENT N.Y. 13618

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 2 day of DECEMBER, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

7. [Signature]